

FY 2005 Application – State: Massachusetts

National Bioterrorism Hospital Preparedness Program

HRSA PRIORITY AREA #1: ADMINISTRATION

CRITICAL BENCHMARK #1: FINANCIAL ACCOUNTABILITY

Develop and maintain a financial system capable of tracking expenditures by priority area, by critical benchmark and by funds allocated to hospitals and other health care entities. (In FY 2005 awardees will be able to use up to 15% of the **direct costs** for Awardee Operating Costs (Administration) and up to 10% of **direct costs** for Awardee Wide Planning. Therefore a minimum of 75% of the award must be used for implementation.)

Minimal Level of Readiness

Awardees will expedite the obligation and flow of funds to intended sub-recipients in order to achieve the prescribed HRSA Critical Benchmarks and Minimal Levels of Readiness.

1. Please list the proposed activities that will occur in FFY 05 under this benchmark.

The automated financial accounting system was established and operational in FFY03 and is capable of tracking expenditures by Priority Planning Area, by Critical Benchmark and by funding to hospitals and other health care entities, and, therefore the requirements of this critical benchmark have been met. All expenditures made with HRSA funds are tracked within the Commonwealth's automated accounting system, entitled Massachusetts Management Accounting and Reporting System. The overlay requirement to track expenditures by PPA and benchmark is a secondary overlay system, as all expenditures must utilize the Commonwealth's automated accounting system.

2. Please provide a timeline for completing each proposed activity.

This benchmark was achieved and will be maintained on an ongoing basis, by employees reimbursed via HRSA Cooperative Agreement funding. The Fiscal Coordinator will continue to manage the activities of tracking expenditures by benchmark, supported by other administrative staffing support. The timeline for this activity will be ongoing. Data management to produce reporting in tracking expenditures by benchmark will require constant monitoring of HRSA obligated and expended funds.

3. What is the proposed budget amount needed for this benchmark?

As budgeted in FFY 2005 for the 12-month period beginning 9/1/05-8/31/06, the annual salary paid to 3 FTE for this purpose and other ancillary purposes of financial administration of the HRSA Cooperative Agreement, is \$197,217.35.

FY 2005 Application – State: Massachusetts

National Bioterrorism Hospital Preparedness Program

FFY05 HRSA Guidance directs 75% of the \$10,256,868 be directed toward achievement of benchmarks, and allows 25% of the total to be directed toward a combination of awardee-wide planning and administrative costs. The Commonwealth of Massachusetts' application displays a total of these initiatives including awardee-wide planning, salaries with associated fringe and indirect costs, travel, equipment, supplies, and contracted consultants in the amount of \$2,436,624 which is 23.75% of the total award, thus 76.25% is allocated in direct support of the benchmarks.

HRSA PRIORITY AREA #2: SURGE CAPACITY

CRITICAL BENCHMARK #2-1: HOSPITAL BED CAPACITY

Establish systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity, for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:

- a. 500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;
- b. 50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;
- c. 50 cases per million population for patients suffering burn or trauma; and
- d. 50 cases per million population for patients manifesting the symptoms of radiation-induced injury – especially bone marrow suppression.

Minimal Level of Readiness

Awardees will have systems that allow for the triage treatment and initial stabilization for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:

- 500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;
- 50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;
- 50 cases per million population for patients suffering burn or trauma; and
- 50 cases per million population for patients manifesting the symptoms of radiation-induced injury – especially bone marrow

FY 2005 Application – State: Massachusetts

National Bioterrorism Hospital Preparedness Program

suppression.

- HRSA Priority Area 2 – Surge Capacity:** Establishment of comprehensive surge capacity to meet the benchmarks 2-1 through 2-10 requires multi-disciplinary and integrated efforts to provide support for enhanced inpatient bed capacity. Many of these essential support activities may be described (and resources identified) under more than one CB when appropriate. Appendix A (the budget template/narrative) provides the best high-level summary of how State Agency funded activities (Section A – Operations/Administration and Section E Awardee Wide Planning Activities) support the Section F Implementation of HRSA Priority Areas and Critical Benchmark Activities described in the following sections.
- 1) Hospital Funding Contractual Agreements (MOAs) – general base funding allocations
- Hospitals will receive grant funding to achieve CB requirements 2-1 through 2-10, CB 4, 5 and 6. In addition to using the funding toward meeting the benchmarks, the MOAs (accompanying the grant funding) require hospitals to perform/participate in the following tasks:
- Identify and agree to common priorities for regional expenditures to meet the critical benchmarks under the HRSA Cooperative Agreement.
 - Continue to develop and maintain a regional hospital emergency operations surge plan, utilizing the model template provided by the MDPH, that addresses coordination between acute care hospitals and other health-care facilities, medical care providers, state and local public health officials and local emergency response agencies. This plan will identify the capacity to handle a surge of 500 acutely ill patients per region, as well as the specific sub-categories of surge needs, address the needs of special populations (children, elderly, people with disabilities) and include a plan for patient transfer
 - Actively participate in regional group activities, including participation in weekly planned and unplanned communication drills, and statewide workgroups
 - Actively participate in community preparedness planning, including meeting quarterly with area health directors and attending Local Emergency Preparedness Committee meetings
 - Complete all MDPH surveys and/or needs assessments as requested
 - Provide up to date emergency contact information to the Massachusetts Hospital Association for the purpose of maintaining a statewide emergency contacts directory
 - Identify other healthcare entities in the region (e.g., EMS providers, long term care facilities, specialty hospitals, clinics, home health agencies, local public health, community health centers and Visiting Nurse Associations) that may be able to support and supplement the regional response to a disaster
 - Participate in online bed availability reporting as requested by MDPH

FY 2005 Application – State: Massachusetts National Bioterrorism Hospital Preparedness Program

- 2) Specialized Surge Projects Funded Through Hospital Allocations (MOAs):
 - ESAR-VHP program, see CB# 2-4
 - Expansion of the hospital pharmaceutical caches, see CB# 2-5 CHEMPACK, see CB# 2-5
 - Mass Decontamination Program, see CB# 2-7
 - Expanded LRN A and B laboratory support, see CB# 4-1
 - Laboratory WMD specimen collection, see CB# 4-1 PPE, see CB# 2-6
 - Surveillance, see CB# 4-2
 - Exercises, see CB# 6

2-1 Hospital Bed Capacity

2. Please list the proposed activities that will occur in FFY 05 under this benchmark

- 1) Statewide and Regional Surge Plans
Re-Convene Statewide Surge Committee - a contract will be issued (Awardee Wide Planning) to finalize and aggregate regional planning templates (provided to the six hospital planning regional groups in FFY03) into a statewide surge plan that addresses the revised need for 50 beds/million population in three specialty surge categories (chemical, burn/trauma and radiation induced injury) which are included within the 500 general surge beds theoretically needed per million population. The table below shows the population-based breakout of the all beds needed by region, as well as the beds that can be made available within 24 hours. January 2005 survey data show that 4,445 currently available beds can actually be made available statewide within 24 hours (includes beds that may not be staffed, in addition to beds that can be vacated by early discharges and cancellation of elective procedures). These beds, and staffing needs, will be further reviewed in FFY05 for surge needs that would occur during a pandemic situation wherein the utilization patterns, and numbers needed would differ significantly from a sudden terrorist event.

FY 2005 Application – State: Massachusetts

National Bioterrorism Hospital Preparedness Program

Region	Population	Surge Beds Needed		Surge Beds Available # Beds
		(# of beds/million population above current daily capacity within 24 hours)	500 Beds/Million	
1	806,166	403	40	319
2	864,655	432	43	677
3	1,215,480	608	61	1,127
4A/B	1,612,002	806	81	384
4C	589,141	295	29	1,357
5	1,272,243	636	64	581
Total	6,359,687	3,180	318	4,445

► Statewide Bed Inventory/Survey - The statewide bed inventory (survey) completed in January 2005 will be updated further to identify the numbers of beds that can be surged within 3 hours and the ability of hospitals to cohort large numbers of patients requiring isolation. The survey will be refined and repeated in January 2006 and will include an analysis of the data based on high population centers and predictable high risk scenarios

► Surge Plan components -

- Beds, staffing and supplies - All surge planning will include both beds and the personnel to staff those beds, as well as general surge supplies. Planning for surge chemical exposure, including botulinum toxicity, will include availability of antidotes, ICU beds, and mechanical ventilators. Burn/trauma planning will include specialty supplies, ICU beds, designated trauma facilities and the ability to transport burn/trauma victims to other hospitals. Planning for radiation induced injury will include availability of such antidotes as Prussian Blue and KI, isolation capacity, and antibiotics.
- Surge Population demographics - Regional and statewide plans will be further delineated to account for daytime as well as nighttime demographics which will greatly impact surge needs for those communities (like Boston) that see a dramatic increase in population during the work day
- HVA assessments - Regional plans will be constructed to include identification of specific HVA scenarios that exist within each region (e.g., three of the six have nuclear power plant 10 mile EPZs), and plans adjusted to adjust surge capacity needs (where needed) based on analysis of HVAs and variant demographics in addition to traditional census population data.

► Specialty Hospital Surge Capacity Enhancements -

- The four DPH state hospitals are completing a contracted assessment to provide additional specialized 150-bed bed surge capacity in the areas of isolation, pediatrics, and mental health. While predominantly chronic in nature, they will be added to the participating hospital pool and become eligible for future HRSA surge funding.
- The two Shriners specialty burn and orthopedic hospitals will be recruited to become HRSA participating hospitals.

FY 2005 Application – State: Massachusetts

National Bioterrorism Hospital Preparedness Program

- Historically, they have not participated nor received HRAS funding due to their unique status (no direct admissions or emergency departments) and policy of not accepting government funding. The Boston Shriners Burn Institute has 30 of the state's 48 burn beds and would be an important addition to the HRSA program.
- Regional Surge planning - The six hospital planning regions are now staffed with DPH coordinators, and will continue to meet monthly (alternate meetings and conference calls) to refine regional plans as well as provide input into statewide surge plans.
 - Regional hospital coordinators will work with hospital planning regions to identify sufficient surge beds according to the revised benchmark numbers. Planning for the specialty surge beds may need to be adjusted once HVA and population overlays are complete to determine which regions have a greater need and greater capacity for specialized bed types and treatment categories (particularly burn and radiation).
 - Note: these regional planning groups have initiated cross agency communication and collaboration with the hospital and EMS representatives on the Regional Homeland Security Councils formed by EOPS for the distribution of DHS funding at the community level. There are now three regional planning groups - CDC (local public health), HRSA (hospitals, EMS, health centers) and DHS (fire, police, emergency planning, hospitals and EMS). Intensive efforts are underway to ensure the three groups coordinate their activities and joint meetings of the respective regional coordinator staff assigned to each program have begun. MMRs, CRI, and MRC initiatives also funded through DHS or HHS have also been targeted for additional coordination since each is addressing a different aspect of the "surge" needs that would occur in the aftermath of a natural or unnatural disaster.
 - Pediatric Surge - Identification of pediatric surge capacity will continue through MDPH's special populations' workgroup, and through plans within one of the DPH state hospitals to add 75 pediatric surge beds to the system.
 - Burn Patient Surge Supplies - Using the Rhode Island model, standardized burn cart information with supplies for 10 adult or pediatric patients will be provided to the hospitals. Hospitals may purchase them through their hospital allocations. These supplies are to be maintained as caches, and replenished by the hospital if used in usual (non-surge) operations.
- 2) Hospital HVA Disaster/Emergency Plan and Critical Benchmark Analysis
- All hospitals will be required to submit written copies of their HVA and disaster plans to DPH. These plans will be reviewed by the respective DPH Regional Coordinators to ensure that they include mutual aid agreements, HVAs, off-site alternative locations for bed capacity, and plans for special populations (especially pediatric).
 - An on-site audit of each hospital's attainment of relevant surge-related CBs will be conducted by November 1st. (Note - this will also include certain non-surge related CBs such as status of NIMS training as well as accountability for expenditures from HRSA funding rounds 1-3).

FY 2005 Application – State: Massachusetts

National Bioterrorism Hospital Preparedness Program

- 3) Interstate and Special Geographic Planning
 - An interstate plan for hospital surge capacity plan will be developed with the New England states, beginning with the two CRI areas that are now identified as interstate (NH and RI).
 - Special attention will be paid to the geographically remote islands of Nantucket and Martha's Vineyard to identify their needs.
 - Note: the one federally qualified tribal nation in MA is also located on MV and will be included in this special planning initiative.
- 4) Hospital Funding Contractual Agreements (MOAs) – general hospital direct grant funding allocations (\$4,567,741) will be awarded to achieve CB requirements 2-1 through 2-10, CB 4, 5 and 6. The formula for the hospital allocations will be the same as the one used in FFY04 and is based on (1) hospital participation in specific activities; (2) percentages based on emergency department visits; and (3) a base amount that each hospital will receive regardless of size.
 - Ear-marked funding (\$1,688,637) supports the special surge related projects: ESAR-VHP, Pharmaceutical caches, CHEMPACK, LRNA and LRNB, laboratory chemical kits, hospital surveillance, Personal Protective Equipment, hospital participation in the MDU program, and, in addition, hospital participation in a full scale MDU exercise. The budgeting for these surge related projects occurs within the specific benchmark.
 - Non ear-marked funds are budgeted within this benchmark (\$2,899,104), and are those funds that are allocated to hospitals to ensure minimal levels of readiness by hospitals across all benchmarks can be met in accordance with the plans and budgets submitted to and approved by MDPH; and to support regional planning efforts.
- 5) Poison Control Center MA/RI - Continue support for the enhanced terrorism-response functions of the regional (MA-RI) Poison Control Center (PCC), which provides essential services to hospitals and health care facilities in these states. The PCC serves as a clearinghouse for information and receives questions, information and exposure data from the public as well as health professionals; transmits data to the public, health professionals and public health officials with patient data transmission subject to all state and federal privacy laws; facilitates antidote acquisition for MA and RI hospitals as well as regional health care providers with the assistance of the Strategic National Stockpile (SNS) via our MDPH and RIDH liaisons; on a 24-hours-a-day, 7-days-a-week basis, maintains the capability to report to MDPH and RIDH syndromic and diagnostic data that is suggestive of terrorism by using the AAPCC's toxic exposure surveillance system (TESS); provides education for PCC staff in principles of consequence management of bioterrorism, including recognition, treatment, reporting, and prophylaxis; participate in state level bioterrorism planning and exercises, where appropriate.
- 6) Community Health Centers – We will continue our work with the 26 Community Health Centers in FFY05 by supporting their participation in the ESAR-VHP program. (See CB#2-4)

FY 2005 Application – State: Massachusetts National Bioterrorism Hospital Preparedness Program

2. Please provide a timeline for completing each proposed activity. <ul style="list-style-type: none">▲ Statewide surge committee to be re-convened in September 2005▲ Revised Regional surge plans finalized by June 31, 2006▲ Draft Statewide Surge plan to include HVA overlay finalized by August 31, 2006▲ Hospital MOAs to be sent to all participating hospitals October 2005▲ Hospital audits to be completed by November 1, 2005▲ Plans for geographically isolated areas (Martha's Vineyard and Nantucket) completed by June 2006▲ Interstate surge plan completed by August 2006▲ Revised state survey to be administered in January 2006▲ ESAR-VHP program to begin registration in January 2006▲ Pharmaceutical caches to be purchased by June 2006▲ Burn carts to be installed by June 2006▲ Regional surge plans to be completed by June 2006	<p>3. What is the proposed budget amount needed for this benchmark?</p> <ul style="list-style-type: none">▲ \$234,362 - Poison Control Center▲ \$50,000 – Interstate and Special Geographic Surge Plans <p>\$2,899,104, which includes those funds that are not ear-marked for a specific CB below, that hospitals will be allowed to expend to meet the minimal levels of readiness across all benchmarks.</p> <ul style="list-style-type: none">○ Note: the entire \$4,567,741 million in hospital grant allocations will be allocated via Memoranda of Agreement (MOA)/(Contractual Agreements to the Commonwealth's 75 acute care hospitals with emergency departments by November 1, 2005 to achieve CB requirements 2-1 through 2-10, CB 4, 5 and 6 as described above. This amount includes the \$2,899,104 budgeted under this benchmark, and the additional benchmark-budgeted funds.○ \$1,668,637 that is “ear-marked”, dedicated, and budgeted for within the individual benchmark, for specific pre-determined projects. Specialized hospital surge-related activities with dedicated funding under the hospital allocations include: MDU (\$252,000), LRN A (\$320,000), LRN B (\$75,000), Lab WMD sample collection (\$57,000), ESAR-VHP participation (\$246,000), CHEMPACK maintenance (\$20,000), Pharmaceutical caches (\$225,637 - formula based on hospital FTE's), PPE Purchase (\$225,000), and Hospital Surveillance (\$150,000). See specific Critical Benchmarks for funding details.
---	--

FY 2005 Application – State: Massachusetts

National Bioterrorism Hospital Preparedness Program

HRSA PRIORITY AREA #2: SURGE CAPACITY

CRITICAL BENCHMARK #2-2: ISOLATION CAPACITY

Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza and hemorrhagic fevers) or febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease.

Awardees must identify at least one regional healthcare facility, in each awardee defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.

Minimal Level of Readiness

1. 100% of participating hospitals have the capacity to maintain at least one suspected highly infectious disease case in negative pressure isolation.
2. 100% of awardee defined regions will have identified and upgraded (if needed) regional healthcare facilities to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.

1. Please list the proposed activities that will occur in FFY 05 under this benchmark.

- 1) Statewide and Regional Isolation Capacity: This critical benchmark was met in FFY03, however we believe a pandemic influenza would exceed the capacity required by this benchmark. Further FFY 2005 specification of 3-hour post event availability will be assessed during the annual hospital survey in January 2006. The regional distribution of isolation beds based on January 2005 data is as follow (insert chart):

Hospital Region	Isolation Rooms – Total by Region	Isolation Rooms – Number of Hospitals > 10
1	87	2
2	99	4
3	82	3
4AB	125	4
4C	233	6
5	127	7
TOTAL	753	26

FY 2005 Application – State: Massachusetts

National Bioterrorism Hospital Preparedness Program

- | | | | |
|--|---|--|---|
| <p>2) <u>Portable Isolation Units</u> - MDPH will provide a fact sheet to all hospitals about the two state DPH purchased portable isolation units. This fall, 17 hospitals are expected to take delivery of portable isolation units funded through the DHS Homeland security grant program. This information will be incorporated into the regional and statewide surge plans.</p> | <p>3) <u>Statewide Surge Planning Assessments for Isolation</u> - The statewide surge committee will be charged with identifying additional statewide isolation capacity needs following HVA analyses, and making recommendations to address those needs. Planning will provide for the capability to cohort large numbers of patients with highly communicable diseases. One of the four MDPH state hospitals is a “specialty” hospital for children and has undertaken an assessment that should add 75 pediatric isolation beds to the statewide capacity for pediatric surge.</p> | <p>4) <u>Ventilators</u> - The SNS includes two ventilators that the hospitals are generally unfamiliar with. Two of each model will be purchased by DPH. The ventilators will be used to provide regional on site hospital and EMS trainings, and may be used as needed for surge. Siting within the region will be decided on by DPH following a capacity analysis using the January 2006 survey data and recommendations by the Statewide Surge Committee. Instructions for use will be provided by HRSA personnel.</p> | <p>5) <u>Transportation of Isolation Patients</u> - Particular attention will be paid in this round to developing plans and policies for the transportation of patients with highly contagious diseases.</p> <ul style="list-style-type: none">➢ An analysis of the capability to transport patients in isolation who are in wheelchairs or on mechanical ventilation, as well as pediatric patients, will be addressed, as well as supplies, trainings and drills needed to adequately protect and preserve the functioning of personnel and vehicles.➢ Regional and statewide planning to ensure the capability to transport large numbers of patient with a highly communicable disease using auxiliary vehicles (buses, trains, etc.) will be conducted. |
| <p>2. Please provide a timeline for completing each proposed activity.</p> <ul style="list-style-type: none">➢ Statewide surge planning – on going➢ Purchase, siting, and development of policies for use of SNS ventilators – January, 2006➢ Training on SNS ventilators – March - August, 2006 | <p>3. What is the proposed budget amount needed for this benchmark?</p> <ul style="list-style-type: none">➢ \$40,000 for SNS ventilators - \$10,000 per ventilator (2 of each of 2 models). | | |

FY 2005 Application – State: Massachusetts

National Bioterrorism Hospital Preparedness Program

HRSA PRIORITY AREA #2: SURGE CAPACITY

Critical Benchmark #2-4: Emergency System for Advance Registration of Volunteer Health Professionals

Develop a system that allows for the advance registration and credentialing of clinicians needed to augment a hospital or other medical facility to meet patient/victim care and increased surge capacity needs.

Minimal Level of Readiness

Awardees will have an established plan for their State-based system that allows qualified, competent volunteer health care professionals to work in hospitals or other medical facilities during an emergency situation throughout the grantee's jurisdiction.

1. Please list the proposed activities that will occur in FFY 05 under this benchmark
 - 1) ESAR-VHP Program Management - medical director /hospital preparedness coordinator and deputy hospital preparedness coordinator will oversee this benchmark.
 - 2) Statewide ESAR-VHP Advisory Committee - the 22 member statewide advisory committee will continue to meet monthly to strengthen partnerships and provide input into the design of the Massachusetts ESAR-VHP program.
 - Connecticut has supplied detailed information and materials about their program that we are adapting for use in Massachusetts. In FFY05 we will build and operationalize our ESAR-VHP system using the Connecticut model as a template.
 - A contract for database design and development will be posted
 - The Board of Registration in Medicine and the Division of Professional Licensing (seven primary health related boards) will provide recruiting and credentialing information, and potential linkage to their licensing systems for pre-qualification of volunteers. Funding will be provided to support this effort.
 - We anticipate a functional system that includes the statewide advance registration and pre-credentialing of 20% of the state licensed MDS, RNs, and Behavioral Health Professionals by the end of this funding cycle.
 - 3) Medical Reserve Corps (MRC), MMRS and ESAR-VHP coordination - vendor selected in June 2005. .
 - Statewide Coordination of ESAR-VHP advisory committee and eleven MRCs and other entities that are recruiting medical volunteers
 - Development of a volunteer recruiting video
 - Identification of all existing volunteer databases and integration of those into single statewide database
 - Plans for full integration of MRCs into the ESAR-VHP program, including activation/deployment planning and policies
 - 4) Online ESAR-VHP Orientation - An online orientation course for volunteers will be developed through our contract with Massachusetts Colleges Online.

FY 2005 Application – State: Massachusetts National Bioterrorism Hospital Preparedness Program

- 5) Hospital Recruitment - All HRSA participating hospitals will be required to participate in this initiative by a signed MOA.
 - Funding will be provided to each hospital through their hospital allocation to assist with the identification and pre-credentialing of health care volunteers. This funding is intended to
 - Provide administrative support to distribute marketing materials
 - Provide informational documents and presentations to potential volunteers
 - Create volunteer databases to include verified credentials of those volunteers in a format designed by MDPH. The database of volunteers and their credentials will be submitted to MDPH by January 1, 2006
 - Update the roster of volunteers, and any of the credentials of those volunteers, on an ongoing basis
 - 6) Community Health Centers – We will continue our work with the 26 Community Health Centers in FFY05 by supporting their participation in the ESAR-VHP program.
 - 7) Behavioral Health Professionals - the Massachusetts Departments of Public Health and Mental Health have developed a database for volunteer crisis counselors. The database, which follows the HRSA ESAR-VHP guidelines, will be incorporated into the Commonwealth's ESAR-VHP database and credentialing system once this has been developed.
 - 8) Hospital ESAR-VHP Test Site Project - FFY04 ESAR-VHP funding is being provided to a single hospital system to include development of recruitment material and programs, registration and pre-credentialing of staff and transfer of registration information to MDPH, HHAN training for contacts, completion of online orientation program by registered volunteers, and drill to test activation of system
 - 9) ESAR-VHP Regulatory Environment – the HRSA Legal Advisor is actively involved on a national, state, interstate and international level with all of the issues involved with ESAR-VHP. She will continue to work closely with the legal project at Johns Hopkins and state efforts to adopt a revised Emergency Powers Act. She also will continue work with the state emergency management agency, EMAC and IEMG.
2. Please provide a timeline for completing each proposed activity.
 - Statewide Advisory committee - ongoing, monthly meetings
 - MRC coordination - ongoing
 - Hospital and licensing boards participation – on going
 - IT development – September, 2005 to June, 2006
 - Hospital test site project – November, 2005 through March, 2006

FY 2005 Application – State: Massachusetts National Bioterrorism Hospital Preparedness Program

3. What is the proposed budget amount needed for this benchmark?
- \$246,000 (82 hospitals at \$3,000 per hospital) through hospital allocations to support hospital participation;
 - \$26,000 for Community Health Center participation;
 - \$30,000 of which \$15,000 to each of two boards: the Board of Registration in Medicine and the Professional Licensing Boards for their participation in the ESAR-VHP program;
 - \$160,000 for IT specification development and creation of database, inclusive of system operation;
 - \$250,000 for on-going contract to provide statewide integration of MRCs into the ESAR-VHP.

HRSA PRIORITY AREA #2: SURGE CAPACITY

Critical Benchmark #2-5: PHARMACEUTICAL CACHES

Establish a regional system that insures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.

Minimal Level of Readiness:

1. 100% of participating hospitals will have access to pharmaceutical caches sufficient to cover hospital personnel (medical and ancillary), hospital based emergency first responders and family members associated with their facilities for a 72-hour time period.
 1. Please list the proposed activities that will occur in FFY 05 under this benchmark.
- 1) Pharmaceutical Caches – Antivirals - There are no plans to acquire oseltamivir for hospital pharmaceutical caches at this time. However, a survey has been completed of hospital inventories of four antivirals as of June 15, 2005. No antivirals were purchased using HRSA funding.

FY 2005 Application – State: Massachusetts

National Bioterrorism Hospital Preparedness Program

Antivirals/Region	Region 1	Region 2	Region 3	Region 4AB	Region 4C	Region 5	TOTALS
Amantadine	37,043	1,570	1,907	15,149	3,425	3,521	62,665
Rimantadine (Flumadine®)	461	280	0	2,809	329	400	4,279
Zanamivir (Relenza®)	0	0	0	0	0	0	0
Oseltamivir (Tamiflu®)	342	590	161	1,025	1,160	626	3,904
Totals Per Region	37,864	2,440	2,068	18,983	4,964	4,547	70,848

2) Pharmaceutical Caches – hospital staff and families - will be augmented this year to meet CB# 2-5. Funding for this program is included in the hospital allocations (see CB# 2-1). (Note: DPH provided 10,000 doxycycline tablets to every participating hospital in FFY 2003)

- Additional caches of doxycycline and new caches of fluoroquinolones will be added to ensure sufficient supplies for hospital employees, hospital based EMS, and their families for 3 days. At a minimum, this funding will be used to maintain their emergency par level of pharmaceuticals previously supplied to each facility. No fluoroquinolone antibiotics were included in the initial supply of pharmaceuticals provided to hospitals. Fluoroquinolone antibiotics are now available as generic equivalents and whereas some individuals may exhibit an allergic response to doxycycline, a 15%/85% ratio of fluoroquinolone/doxycycline will be added to each facility under this round of funding. It will be expected that the fluoroquinolone antibiotic will be placed into normal distribution for stock rotation within the facility to maintain the shelf life of the antibiotic.
- The fluoroquinolone and doxycycline caches will be in tablet form caches. It is expected that the current doxy suspension in CDC stock will go out of date next year, and the manufacturer has discontinued production. The packing and cost of the fluoroquinolone suspensions renders them unsuitable for the caches. MDPH is developing a recipe for compounding of both doxycycline and fluoroquinolones that will be peer reviewed, then distributed to all hospital pharmacies and inventories placed on the Homeland and Health Alert Network (HHAN).
- Hospital data from 2003 indicated there were 139, 294 hospital employees. Hospitals will provide to MDPH the updated current total number of full and part time employees, including hospital based EMS. In addition, they will generate a role-based list of employees that may reasonably be expected to be exposed to a patient with biological, chemical or radiological contaminants in the first hours of an event. This list will be considered the list of “hospital first responders”, and should include any person expected to participate in the incident command system, as well as individuals from all levels and in all roles in the emergency department and elsewhere (e.g. clinicians as well as hospital administration, clerical support, patient transport, housekeeping, security, food handlers, etc. MDPH will provide guidance for the definition of “hospital based first responders”).
- All hospital emergency response plans will be amended to include a distribution plan for the pharmaceutical caches.

FY 2005 Application – State: Massachusetts

National Bioterrorism Hospital Preparedness Program

- | |
|--|
| <p>3) <u>Web Based Pharmaceutical Reporting</u></p> <ul style="list-style-type: none">➤ Costs associated with this program are included in the Web-based Diversion system reported in CIB# 3.➤ The MDPH anticipates the development of a pharmaceutical cache reporting system utilizing either the web-based Massachusetts Alert Network system or the web based Emergency Department (ED) ambulance diversion system maintained by all hospitals with emergency departments. This system will provide the format for the generation of quarterly reports of pharmaceutical readiness within the Commonwealth available for response to either biological or chemical threats. This system will include those pharmaceutical assets provided to hospitals by MDPH in FFY 2003, and additional pharmaceutical assets appropriate for the treatment of terrorist-induced outbreak of anthrax, other diseases for which countermeasures are appropriate, chemical exposure and exposure to radiological isotopes (KI, DMSA, DTPA, Prussian Blue). It is anticipated that a field for oseltamivir (Tamiflu®) will be included in the pharmaceutical cache reporting system. <p>4) <u>CHEMPACK Program</u></p> <ul style="list-style-type: none">➤ 40 CHEMPACK sites have been approved and were fully funded in FFY04, and installation is complete at 12 sites. The remaining 28 sites will be installed by September 2005. Facilities hosting CHEMPACK containers encumber maintenance costs for telephone and environmental condition maintenance. Funding will be provided to defray some of these costs. Funding for this program will be allocated to the hospitals fielding CHEMPACK containers.➤ The orientation program for the CHEMPACK program will be included in the FFY 2005 plan. CDC will provide the Commonwealth with two containers for this purpose. In addition, whereas CHEMPACK containers may be housed in facilities in communities near bordering states it is anticipated that interstate collaboration and coordination is to be undertaken. The rapid deployment of CHEMPACK assets to impacted areas and patient-receiving hospitals is necessary to minimize the morbidity and mortality of organophosphate exposure. Education, training and exercising all hospitals, EMS, law enforcement, fire service as to the availability and movement of these assets will require funding. Other funding sources will be explored to enhance this effort, including funding from CDC and DHS among others. <p>2. Please provide a timeline for completing each proposed activity.</p> <ul style="list-style-type: none">➤ Completion of CHEMPACK installations – September, 2005➤ Identification of and plan to dispense to hospital “first responders” and their families – August 31, 2006➤ Purchase of adequate supplies for hospital “first responders” and their families – August 31, 2006➤ Development and availability of a pharmaceutical cache reporting system: anticipated completion date December, 2005➤ The orientation program for the CHEMPACK program will be an ongoing and recurring initiative of the MDPH <p>3. What is the proposed budget amount needed for this benchmark?</p> |
|--|

FY 2005 Application – State: Massachusetts

National Bioterrorism Hospital Preparedness Program

- \$225,637 – pharmaceutical caches for hospital workers and families based on formula;
- \$20,000 - CHEMPACK maintenance program;
- \$10,000 - CHEMPACK orientation program.

HRSA PRIORITY AREA #2: SURGE CAPACITY

Critical Benchmark #2-6: PERSONAL PROTECTION AND DECONTAMINATION

Each awardee must ensure adequate personal protective equipment (PPE) per awardee defined region, to protect current and additional health care personnel, during an incident. This benchmark is tied directly to the number of health care personnel the awardee must provide to support surge capacity for beds.

The level of PPE will be established based on the HVA, and the level of decontamination that is being designed in CBM 2.7.

Minimal Level of Readiness

1. Awardees will possess sufficient numbers of PPE to protect both the current and additional health care personnel deployed in support of an event.
 2. Awardees will develop contingency plans to establish sufficient numbers of PPE to protect both the current and additional health care personnel expected to be deployed in support of predictable high-risk scenarios.
-
1. Please list the proposed activities that will occur in FFY 05 under this benchmark.
- 1) Verification of PPE Levels – MDPH has determined the levels of PPE level A, B, C and N95/100 available for all participating hospitals (January 2005 survey data). This information is presented on the Sentinel Indicator form which is included in this submission.
 - All hospitals will provide an updated PPE survey (October 2005 and January 2006), which will be used to assess the quantities of PPE available against the HVA and surge capacity requirements, as well as PPE interoperability between other hospitals and public safety agencies in the region.
 - 2) Surge Personnel PPE - MDPH will provide hospitals and regions updated numbers of surge capacity personnel needed based upon revised statewide surge committee plans.
 - Any hospital not meeting the minimum requirements for PPE as set by MDPH will be required to meet this benchmark under FFY05

FY 2005 Application – State: Massachusetts National Bioterrorism Hospital Preparedness Program

<p>funding.</p> <ul style="list-style-type: none">➤ Requests for the purchase of PPE for any hospital meeting the minimum requirements will need to receive prior approval from MDPH➤ Any PPE purchased with FFY05 funds will be interoperable with PPE purchased by Homeland Security
<p>2. Please provide a timeline for completing each proposed activity.</p> <ul style="list-style-type: none">➤ PPE Survey will be sent by the end of October 2005.➤ Updated needs assessment to be performed by the end of March 2006.➤ PPE requests will be reviewed for approval within one month of receipt by the Awardee.
<p>3. What is the proposed budget amount needed for this benchmark?</p> <ul style="list-style-type: none">➤ \$225,000 is budgeted for PPE.

HRSA PRIORITY AREA #2: SURGE CAPACITY

Critical Benchmark #2-7: DECONTAMINATION

Insure that adequate portable or fixed decontamination systems exist for managing adult & pediatric patients as well as health care personnel, who have been exposed during a chemical, biological, radiological, or explosive incident in accordance with the numbers associated with CBM # 2-1.

Minimal Level of Readiness

Awardees will possess sufficient numbers of fixed and/or portable decontamination facilities for managing adult and pediatric victims as well as health care personnel, who have been exposed during a chemical, biological, radiological, or explosive incident.

1. Please list the proposed activities that will occur in FFY 05 under this benchmark.
 - 1) Statewide and Regional Decontamination Capacity – MDPH has exceeded the decontamination requirements for this Critical Benchmark.

MDPH will continue the FFY 2004 initiative to ensure successful continued operation and deployment of the 91 mass decontamination units by first responder agencies to protect every MA hospital with an emergency department.

FY 2005 Application – State: Massachusetts National Bioterrorism Hospital Preparedness Program

- | | |
|--|---|
| <p>2) Statewide Mass Decontamination Response System Community Response Plans manual will be revised to reflect any identified changes. Conduct planning, exercises; support emergency preparedness and response activities that directly impact hospital preparedness, emergency medical services and public health.</p> <p>3) <u>Hospital Decontamination Plans</u> - Individual hospitals and hospital regional coalitions must submit to MDPH by March 2006 a plan to decontaminate the number of patients and providers delineated under CB #2-1 within <u>3 hours</u> of the onset of an event.</p> <p>4) <u>MDU Training</u> - Update the existing MDU train-the-trainer course and deliver the training to additional hospital and fire department training staff. Develop and distribute training videos on mass decontamination and response strategies to hospitals and fire departments</p> <p>2. Please provide a timeline for completing each proposed activity.</p> <ul style="list-style-type: none">➤ Regional plans to decontaminate the number of patients and providers delineated under CB #2-1 within 3 hours of the onset of an event to be submitted to MDPH by the end of March 2006.➤ Review of the <u>Mass Decontamination Response System Community Response Plans</u> manual will be conducted by June 2006.➤ Reviews to be conducted annually at a minimum.➤ Update the training package and deliver the training by June 2006.➤ First training video to be distributed by May 2006 <p>3. What is the proposed budget amount needed for this benchmark?</p> <ul style="list-style-type: none">➤ \$252,000 – MDU deployment and training (72 hospitals at \$3,500/hospital);➤ \$35,824 - Hazardous materials services (DFS Hazmat/DFS ISA) - funded in Awardee-Wide Planning;➤ \$7,500 - Printing costs for revised MDU response plans, field guides (DFS Hazmat/ISA) - funded in Awardee-Wide Planning;➤ \$8,000- Production and distribution of three (3) training videos to all hospitals and fire departments (DFS Hazmat/ISA) - funded in Awardee-Wide Planning;➤ \$315,000 – for deployment and support of 91 decontamination units by first responders via a direct contractual agreement from MDPH. | <p>HRSA PRIORITY AREA #2: SURGE CAPACITY</p> |
|--|---|

FY 2005 Application – State: Massachusetts National Bioterrorism Hospital Preparedness Program

Critical Benchmark #2-8: MENTAL HEALTH

Enhance the networking capacity and training of health care professionals to be able to recognize, treat and coordinate care related to the behavioral health consequences of bioterrorism or other public health emergencies.

Minimal Level of Readiness

Awardees will identify the minimum behavioral health training competencies for health care professionals responding to bioterrorism or other public health emergencies.

1. Please list the proposed activities that will occur in FFY 05 under this benchmark.

In FFY05 MDPH will continue to fund an existing Interagency Service Agreement (ISA) with the MDMH. MDPH will continue to coordinate with MDMH the following objectives:

- Provide an on-going behavioral health presence at MDPH emergency preparedness workgroups to ensure inclusion of mental health issues in all priority program areas, including but not limited to, surge capacity, education and training, workforce development, and risk communication.
- Continue to work on an all-hazards behavioral health emergency preparedness and response plan, which will include both mental health and substance abuse issues and be integrated with DPH all-hazards planning and initiatives at the state and regional level.
- MDPH and MDMH will, through its Disaster Mental Health/Substance Abuse Services Committee, consult with appropriate professional organizations to develop behavioral health components for hospital and EMS preparedness plans.
- MDMH staff will continue to provide consultation to MDPH in the development and maintenance of the MassSupport website (<http://www.mass.gov/samh>)
- Through the aforementioned ISA, MDPH and MDMH contracted with Boston Medical Center to develop crisis counselor training to address behavioral health issues in the acute phase following a disaster. Through BMC, a model evidence-based curriculum and course manual will be developed, and 75 new crisis counselors will be trained per quarter. MDMH will work with MDPH to ensure all trained Crisis Counselors are credentialed.
- Via FFY 05 ISA funding, MDMH will support the MDMH Emergency Management Coordinator and Disaster Psychiatrist in coordinating a wide range of emergency management and disaster preparedness activities (maintain related emergency management data, prepare emergency management and disaster mental health documents and reports, and provide education and technical assistance on related issues).
- In FFY 05, MDMH proposes to provide analysis of Behavioral Risk Factor Surveillance Survey (BRFSS) data. Additionally, MDMH will provide analysis of other MDPH and MDMH emergency preparedness data and provide technical assistance to the various MDPH emergency preparedness workgroups.

FY 2005 Application – State: Massachusetts National Bioterrorism Hospital Preparedness Program

- | | |
|---|---|
| <ul style="list-style-type: none">➤ Through MDPH's special populations workgroup, the following proposed activities will occur:<ul style="list-style-type: none">○ Identification of pediatric surge capacity will continue○ Emergency preparedness fact sheets will be developed for pregnant women. These fact sheets will be sent to OB/GYN providers in MA.○ DPH will work with individuals/agencies who provide home medical care on emergency preparedness issues○ Continue to collaborate with staff from DPH's Center for Family and Community Health on emergency preparedness issues | <ul style="list-style-type: none">2. Please provide a timeline for completing each proposed activity.<ul style="list-style-type: none">➤ BRFSS data collection is on going, and analysis will begin by August 2005➤ Other work is on-going.3. What is the proposed budget amount needed for this benchmark?<ul style="list-style-type: none">➤ \$41,387 (for the period of 7/1/06 – 8/31/06). An ISA is currently in effect with MDMH for \$511,214 from 3/1/04-6/30/06. This funding will extend this ISA to 8/31/06.➤ \$20,000 for support of MDPH's special populations workgroup activities (fact sheets, other outreach materials, translation services). |
|---|---|

HRSA PRIORITY AREA #2: SURGE CAPACITY

Critical Benchmark #2-10: COMMUNICATIONS AND INFORMATION TECHNOLOGY

Establish a secure and redundant communications system that insures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management agencies, public safety agencies, neighboring jurisdictions and federal public health official

Minimal Level of Readiness:

All participating hospitals will have secure and redundant communications systems that allow connectivity to all other healthcare entities and emergency response agencies responding to a terrorist event or other public health emergency.

1. Please list the proposed activities that will occur in FFY 05 under this benchmark.
 - 1) EMS Communications: Voice-Over-Internet Protocol (VoIP) – Internet Voice, also known as Voice over Internet Protocol (VoIP), is a technology that allows one to make telephone calls using a broadband Internet connection instead of a regular (or analog) phone line. This

FY 2005 Application – State: Massachusetts

National Bioterrorism Hospital Preparedness Program

network will provide a redundant mechanism of communication between MA EMS C-MED dispatch centers. MDPH will begin by piloting the VoIP system in 2-3 C-MED centers. This system, which could link all MA C-MED centers together, would be crucial in the event of a disaster when both commercial landline and cellular phone systems could possibly be either inoperable or unavailable. VoIP would provide another means of communication for the MDPH, EMS dispatch centers and hospitals to manage resources needed to respond to a mass casualty incident. Once this infrastructure is established, it could be expanded to include hospitals and other public health partners.

- 2) Hospital Communications Plan Enhancement: The intent of this communications plan is to address and establish alternative and redundant communications systems in the event of a disaster.
 - Continue working with MDPH Alert Network staff regarding options, cost/service/function issues, integration into the Massachusetts Health and Homeland Alert Network.
 - Continue to maintain and update the Emergency Contacts Directory and distribute to hospitals and public health officials statewide;
 - Continue to routinely test a read-only, password protected website containing the Emergency Contacts Directory;
 - Continue to utilize the remote communications system established through wireless laptop technology;
 - Continue to utilize wireless communications devices distributed to all hospitals (with reception) and public health and safety organizations.
 - Continue to conduct individual follow-up (instruction, training, reprogramming of phones, replacement of phones/phone numbers when necessary) to increase participation in the statewide communications plan;
 - Continue to review and monitor accuracy of monthly phone charges/bills for units;
 - Drill and test phone alerts via direct-connect and text messaging. This provides a redundant method of communication with all units purchased through HRSA funding.
- 3) Regional Medical Coordination Center Pilot – a pilot project involving hospitals, EMS providers, CMED, MMRS, community health centers and local public health to provide regional coordination and communication during a large scale MCI or disaster. The center will be housed at a CMED in Region 2 (central Massachusetts) and will provide a single point of contact to coordinate and communicate the movement of patients from the scene as well as the forward movement of patients out of the hospitals in order to make room for the surge of injured patients. A successful pilot will provide the Commonwealth with a model that could be expanded to all regions.
- 4) GETS/WPS: GETS/Wireless Priority Service Cards have been provided for all the DPH staff and CMED/EMS dispatch centers and EMS Regional Directors to use with their state issued Nextel phones. DPH plans to obtain a GETS/WPS card for each Nextel issued to hospitals and purchased through HRSA funding. There is a \$10 activation cost per card and monthly service charges are \$4.50 per card.

FY 2005 Application – State: Massachusetts National Bioterrorism Hospital Preparedness Program

<p>These cards will help health professionals communicate via landline and cellular phones in the event of an emergency where lines could be overwhelmed.</p> <p>5) <u>Statewide Conference Calls:</u> These calls are scheduled and made to all hospitals, CMEDs and other emergency preparedness and response staff as needed during the year;</p> <p>6) <u>Website:</u> The Emergency Preparedness and Response website is updated and accessed on a daily basis to communicate information regarding emergency preparedness and response and HRSA-related initiatives through the worldwide web.</p> <p>7) <u>Listservs:</u> The Emergency Preparedness and Response listservs are used on a daily basis to communicate information statewide and to discuss topics related to emergency preparedness.</p> <p>8) <u>Identify HHAN contacts</u> for activation of MDU and ESAR-VHP programs, and provide necessary training.</p> <p>9) <u>Health and Homeland Alert Network licenses.</u> This will be combined with CDC and Homeland Security funds to purchase unlimited license agreement for the HHAN allowing all users from hospitals, health centers, fire services, EMS, local health and other partners unlimited access to the HHAN.</p>	<p>2. Please provide a timeline for completing each proposed activity.</p> <ul style="list-style-type: none">➤ Purchase of pilot VoIP system for 2-3 C-MEDs should begin in November 2005. We plan to test and evaluate the pilot between December 2005 and April 2006.➤ Regional Coordinating Center will be operational by June 2006➤ GETS/WPS cards will be ordered through the National Communications Systems (NCS) in September and should be issued to the hospitals in early October 2005.➤ All other communications items listed above are in place and are on-going on a monthly basis. <p>3. What is the proposed budget amount needed for this benchmark?</p> <ul style="list-style-type: none">➤ \$221,476 – This amount covers the cost for the Hospital Communications Plan Enhancement. MDPH has contracted with the Massachusetts Hospital Association for this work product. This amount includes the monthly services charges for wireless remote access service and Verizon and Nextel monthly charges for phones purchased and distributed to all Massachusetts acute care hospitals with emergency departments and other emergency preparedness partners in the hospital regions. The budgeted amount will also cover the costs for a new initiative: GETS/Wireless Priority Access cards for all the Verizon and Nextel phones purchased with HRSA funding. These cards will help health professionals communicate via landline and cellular phones in the event of an emergency where lines would be overwhelmed.
---	--

FY 2005 Application – State: Massachusetts

National Bioterrorism Hospital Preparedness Program

- \$6,000 – Statewide Conference Calls for all hospitals, EMS services and other emergency preparedness partners re: various topics, such as flu vaccine availability and emergency preparedness activities for large-scale events, as needed throughout the year. This item is budgeted in Awardee-Wide Planning.
- \$4,200 – Listservs to facilitate hospital, EMS and other emergency preparedness partners' communication and sharing of information. This item is budgeted in Awardee-Wide Planning
- \$100,000 – Voice Over Internet Protocol – This network will provide a redundant mechanism of communication between MA EMS C-MED dispatch centers. MDPH will begin by piloting the VoIP system in 2-3 C-MED centers.
- \$20,000 – Internal Communications will cover the cost for MDPH hospital emergency preparedness staff Nextel phone monthly charges. This item is budgeted in Awardee-Wide Planning.
- \$30,000 – Regional Coordinating Center pilot.
- \$1,280 – GETS/WPS cards will be provided for DPH Emergency Preparedness Staff - funded in Awardee Wide Planning
- Website – There is no cost associated with the Massachusetts Emergency Preparedness website as MDPH utilizes a state run server at no cost to the HRSA program.
- \$112,000 – Health and Homeland (HHAN) Alert Network. This item is budgeted in Awardee-Wide Planning.

HRSA PRIORITY AREA #3: EMERGENCY MEDICAL SERVICES

Critical Benchmark #3:

Enhance the statewide mutual aid plan to deploy EMS units in jurisdictions/regions they do not normally cover, in response to a mass casualty incident due to terrorism.

This plan must ensure the capability of providing EMS triage, transportation and patient tracking for at least 500 adult and pediatric patients per million population within 3 hours post-event. In addition, for each metropolitan area or other region of the state for which a predictable high-risk scenario has been identified during a HVA, the plan must describe a mechanism for transporting patients from an incident scene or from local hospitals to healthcare facilities in adjacent jurisdictions, to temporary healthcare facilities within or near the affected jurisdiction, and to nearby airports or rail stations for transport to more distant healthcare facilities. All scenarios documented by the applicant under Critical Benchmark 2.1 should be addressed in mutual aid plans for EMS.

Minimal Level of Readiness

FY 2005 Application – State: Massachusetts

National Bioterrorism Hospital Preparedness Program

<p>Awardees will have established mutual aid plans for upgrading and deploying EMS units in jurisdictions they do not normally cover to insure the capability of providing EMS triage, transportation and patient tracking for at least 500 adult and pediatric patients per million population. In metropolitan and other high-risk areas, awardees will have established plans to transport patients from an incident scene or from local hospitals to healthcare facilities in adjacent jurisdictions, to temporary healthcare facilities within or near the affected jurisdiction, and to nearby airports for transport to more distant healthcare facilities.</p>	<ol style="list-style-type: none">1. Please list the proposed activities that will occur in FFY 05 under this benchmark.<ol style="list-style-type: none">1) <u>Statewide Mass Casualty Incident (MCI) Plan</u> – Massachusetts adopted a statewide Emergency Medical Services MCI plan in June 2004. This plan is fully compliant with the current National Incident Management Plan (NIMS).<ul style="list-style-type: none">➤ This plan will be reviewed during FFY 2005 to ensure that it is fully coordinated with the statewide Ambulance Task Force Mobilization Plan and relevant local mutual aid plans.2) <u>Ambulance Task Force Mobilization Program - Task Force Mobilization Plan:</u><ul style="list-style-type: none">➤ Massachusetts adopted an Ambulance Task Force Mobilization plan in May 2004. We also established an ambulance task force mobilization plan to ensure the ability to triage and transport victims across jurisdictions/regions in the case of a mass casualty incident due to terrorism or other catastrophic event. There are 58 task forces involving 345 ambulances in the program and covering all regions of the state.➤ This plan will be reviewed and revised where necessary to detail, by region, transport from an incident scene or hospitals to other jurisdictions, facilities, hospitals or airports. The plan will also be reviewed to ensure the ability to transfer 500 adult and pediatric patients per million population.➤ HRSA reporting requirements for FFY 2005 will require the plan to be revised to determine the <u>numbers of ambulances available</u> to respond within 3-hours and 24-hours statewide and by region, by population and by HVA. This same information breakout will be required for <u>numbers of patients</u> that can be transported,➤ FFY05 funding will include a stipend for the organizations that have volunteered to be part of the Ambulance Strike Team Task Forces for mobilization in the event of an MCI. The stipend must be used by ambulances services to meet the necessary technical training standards and guidelines necessary to ensure adherence to the Commonwealth's EMS Communications and MCI Task Force Mobilization Plan.➤ Support trainings and exercises necessary to test the MCI and Task Force mobilization system are required under a signed MOA.3) <u>EMS Survey</u> – an updated EMS survey of the 308 services will be completed to provide information on statewide, regional, and local capabilities to triage, track, and transport surge victims within 3 hours of an event, general MCI preparedness, education and training needs, and redundant communications.
--	---

FY 2005 Application – State: Massachusetts

National Bioterrorism Hospital Preparedness Program

- 4) MCI Trailers - MDPH will provide funding to the EMS Regional Councils for the maintenance, vehicle registration, vehicular insurance and supplies for the 12 MCI trailers purchased with HRSA funds, plus one additional MCI trailer that was purchased from another funding source. . Each trailer contains sufficient medical and other supplies to treat 50-75 patients at the scene of a mass casualty incident.
- 5) Patient Tracking Initiatives
 - Triage tags and bar code scanners:
 - MDPH will begin purchasing 15,000 triage tags with barcodes, eight barcode scanners, and the necessary software for patient tracking purposes to assist Emergency Medical Services (EMS) providers to more effectively manage and triage their resources and patients during MCIs. The system will enable EMS providers and receiving hospitals to scan bar codes on patient worn bracelets, ambulance vehicles, and published books in each hospital. By scanning these three entities (patient, ambulance, hospital), EMS and MDPH will capture data necessary to manage, analyze and optimize patient transport, ultimately providing quicker patient treatment.
 - Triage tags will be provided to every ambulance (10 tags for each of 1,300 vehicles in Massachusetts) and a separate cache of 2,000 tags stored at a site to be determined
 - Once purchased, the system will be piloted during the 2006 Boston Marathon exercise (see CB# 6)
 - Following the Boston Marathon exercise, the scanners will be sited regionally for use in MCI's.
 - An analysis of the performance of the system will be done following the Marathon exercise, and will inform future funding decisions about possible expansion of the program.
- 6) Online Inventory/Reporting:
 - Diversion/Open Hospital Bed Availability Website: MDPH will continue to enhance the Diversion/Open Staffed Hospital Bed Availability website. This system helps avoid situations where an ambulance may arrive at a hospital emergency department only to be turned away and sent to a different hospital where they may potentially be diverted again. The system is also used as an inventory resource for hospital open staffed bed availability and could be used to collect various types of data such as number of ventilators or antiviral or other medications as the information is needed. Hospital bed availability will become increasingly important in deciding where EMS units transport patients both on a daily basis when addressing emergency department overcrowding (i.e. flu season) and also in the event of a public health disaster where health care resources become scarce.
 - MDPH will also evaluate methods through which the current Diversion/Bed Availability System can utilize both the Health Alert Network and the Massachusetts Emergency Management Agency's WebEOC incident management system to relay hospital and vacant bed status to various communications devices held by our emergency response partners. MDPH will also explore the possibility of using the integrated systems to notify designated public health officials, all ambulance services and bordering states'

FY 2005 Application – State: Massachusetts

National Bioterrorism Hospital Preparedness Program

public health officials of a code BLACK; the situation when a hospital, can not, under any circumstances, receive any patients (i.e. power failure or catastrophic event).

- 7) Pediatric Advanced Life Support (PALS) Initiative - In conjunction with DPH's EMS for Children program, qualified vendors will conduct pre-approved PALS (pediatric advanced life support) training to EMT's, nurses, and physicians in MA. Five train the trainer courses of 20 people/course will train be held beginning in January. The trainers will then teach 2 courses in each region between June and November 2006.
2. Please provide a timeline for completing each proposed activity.
 - Review and revision of MCI and Ambulance Task Force Mobilization plans – February 2006
 - Triage tags and scanners purchased and distributed by March, 2006
 - Enhancement of Diversion/Open Staffed Hospital Bed Availability Website - on-going
 - Stipend to Ambulance Task Force members – April 2006
 - Maintenance of the MCI trailers - June 2006
 - HAN and/or WebEOC integration with Diversion/Open Staffed Hospital Bed Availability Website should be completed by May 2006.
 - PALS training – RFR will be posted in fall, train the trainer courses will be held January – April 2006, followed by regional courses from June – November 2006.
 - EMS Survey completion by September 2005.
3. What is the proposed budget amount needed for this benchmark?
 - \$15,000 - Triage tags
 - \$40,000 – Scanners and tracking software program
 - \$124,000 - Diversion Tracking System
 - \$2,000- Costs associated with the development and implementation of a web based inventory of pharmaceuticals linked to the online diversion site
 - \$461,000 - Ambulance Task Force Stipend (Round 2)
 - \$91,000 - Estimated cost for the continued upkeep of the MCI trailers at \$7,000 per trailer for 13 trailers. This price includes the cost of maintenance, vehicle registration and insurance, supplies.
 - \$30,000 - PALS training initiative with DPH'S EMSC

FY 2005 Application – State: Massachusetts

National Bioterrorism Hospital Preparedness Program

HRSA PRIORITY AREA #4: LINKAGES TO PUBLIC HEALTH DEPARTMENTS

Critical Benchmark #4-1: HOSPITAL LABORATORIES

Implement a hospital laboratory program that is coordinated with currently funded CDC laboratory capacity efforts, and which provides rapid and effective hospital laboratory services in response to terrorism and other public health emergencies.

Minimal Level of Readiness

1. Participating hospital labs will have protocols for rapid referral of clinical samples and associated information to labs in the Laboratory Response Network (LRN).
2. Participating hospital lab personnel will demonstrate competency in determining what situations warrant the initiation of these protocols as well as competency in following the protocols.

1. Please list the proposed activities that will occur in FFY 05 under this benchmark.

The Massachusetts State Laboratory Institute (SLI) serves as both a biological LRN Confirmatory Laboratory and a chemical LRN Level II Laboratory. SLI will apply for chemical LRN Level I status through the CDC Cooperative Agreement this year. MDPH is achieving this Critical Benchmark by ensuring that hospital laboratories have trained personnel and equipment to conduct tests and refer specimens to SLI for rapid and confirmatory testing. To accomplish this goal a continuation of Wet Workshops and Packaging and Shipping courses will be offered, training materials will be distributed to hospital laboratories, and the SLI LRN medical technologist will travel to individual sentinel and confirmatory level laboratories to provide on-site assistance as follows:

- 1) Biological Activities:

- Continue to provide monthly Sentinel I Laboratory Wet Workshops and Packaging and Shipping courses
- Continue to provide web-based proficiency module
- Enhance web-based proficiency module to include case studies reflecting more recent LRN released Sentinel protocols
- Continue to promote a Biological Safety Cabinets CD-ROM training program through the National Laboratory Training Network (NLTN) lending library
- Continue to carry out the “Massachusetts LRN Readiness Drill”, a full-scale hospital laboratory exercise program to evaluate laboratory communication and reporting, rule-in/rule-out testing capabilities of sentinel and confirmatory level laboratories. The drill is an on going exercise, which takes place three times per grant year to ensure participation of each registered LRN laboratory at least once per year. Each year the bioterrorism agent surrogates are changed.
- Provide funding for Sentinel and Confirmatory laboratories to register for a College of American Pathologists (CAP) proficiency

FY 2005 Application – State: Massachusetts

National Bioterrorism Hospital Preparedness Program

- program entitled Laboratory Preparedness Survey (LPS) to enhance hospital laboratories preparedness in responding to potential public health bio-threat emergencies (survey consists of 2 annual shipments of five challenges of live surrogate organisms)
- Provide HRSA FFY 2005 funding to continue to support existing registered sentinel and confirmatory laboratories
 - Provide HRSA FFY 2005 funding to increase the number of registered sentinel laboratories from 53 to 66
 - Develop and distribute a third bioterrorism agents reference poster as well as new BT Agent flash cards for bench technicians
 - Continue development and deployment of state wide delivery system of clinical specimens for all hospital laboratories
 - Develop hospital confirmatory laboratory proficiency program
 - Provide confirmatory level wet workshop and training materials to registered hospital confirmatory laboratory
 - Identify up to six pilot community health center laboratories and/or large physician practices in the Commonwealth and provide funding to register as sentinel laboratories

2) Chemical Activities:

- Provide HRSA 2005 funding to acute care hospitals to stock supplies needed for specimen collection and shipment of 50 chemical exposed patients
 - Continue to deliver “Chemical Terrorism 101”, a training program developed by CDC and the NLTN– to provide an overview of chemical agents that may be used in a terrorism incident and to train hospital personnel including laboratories on appropriate specimen collection and shipping methods for chemical terrorism agents
 - Continue to conduct a full-scale exercise program to evaluate proficiency of hospital staff including laboratorians to collect, package and ship appropriate clinical samples from patients exposed to a chemical agent.
 - Develop and distribute a reference poster for laboratories collecting biological specimens following a chemical incident
 - Increase awareness of chemical intoxications, symptoms and treatment via presentations at Grand Rounds at teaching hospitals
- 3) Minimal Levels of Readiness will be achieved through (1) provision of training courses, distribution of training manuals, reference posters and flash cards, which outline protocols for communication with the State Laboratory Institute Confirmatory and Level II laboratories, collection of specimens, packaging and shipping of specimens, rule in / rule out testing, and rapid referral of clinical samples; and (2) demonstration of competency through completion of training courses, web-based proficiency module, CAP proficiency program, and participation in full-scale exercises.
2. Please provide a timeline for completing each proposed activity.
- Continue to provide and promote monthly Sentinel Laboratory Wet Workshops and Packaging and Shipping courses, web-based proficiency module, Biological Safety Cabinets CD-ROM training program (Sept 2005 – Aug 2006)
 - Continue to deliver “Chemical Terrorism 101” training program (Sept 2005-Aug 2006)
 - Increase awareness of chemical intoxications, symptoms and treatment via presentations at Grand Rounds at teaching hospitals (Sept

FY 2005 Application – State: Massachusetts National Bioterrorism Hospital Preparedness Program

2005-Aug 2006).	<ul style="list-style-type: none">➤ Continue to conduct chemical terrorism full scale exercise program (Sept 2005 – Aug 2006)➤ Conduct the “Massachusetts LRN Readiness Drill” (Sept 2005)➤ Deploy state wide delivery system of clinical BT and CT specimens for all hospital laboratories (Oct 2005)➤ Develop hospital confirmatory laboratory proficiency program (Nov 2005)➤ Provide confirmatory level wet workshop and training materials to registered hospital confirmatory laboratory (Dec 2005)➤ Develop and distribute chemical terrorism reference poster (Jan 2006)➤ Conduct the “Massachusetts LRN Readiness Drill” (Feb 2006)➤ Identify and register up to six pilot community health center laboratories and/or large physician practices in the Commonwealth (Mar 2006)➤ Enhance web-based sentinel level proficiency module (April 2006)➤ Conduct the “Massachusetts LRN Readiness Drill” (Jun 2006)➤ Develop and distribute a third Bioterrorism Agents reference poster as well as new BT Agent flash cards for bench technicians (Jul 2006)
3.	<p>What is the proposed budget amount needed for this benchmark?</p> <ul style="list-style-type: none">➤ \$470,000 as follows:○ \$320,000 – fund all participating hospital LRN sentinel laboratories; a survey has been conducted to identify those hospital laboratories that will participate in meeting CB 4.1.○ \$75,000 – support one LRN confirmatory level laboratory in the Commonwealth.○ \$57,000 - for all acute care hospitals for the purchase of clinical specimen collection and shipment supplies for chemically exposed patients.○ \$18,000 - pilot group of LRN sentinel laboratories located in community health centers and/or large physician practices.

HRSA PRIORITY AREA #4: LINKAGES TO PUBLIC HEALTH DEPARTMENTS

Critical Benchmark #4-2: SURVEILLANCE AND PATIENT TRACKING

Enhance the capability of rural and urban hospitals, clinics, emergency medical services systems and poison control centers to report syndromic and diagnostic data that is suggestive of terrorism or other highly infectious disease to their associated local and state health departments on a 24-hour-a-day, 7-day-a-week basis.

Minimal Level of Readiness:

Awardees will have an established surveillance system that allows rural and urban hospitals, emergency medical services systems and poison

FY 2005 Application – State: Massachusetts National Bioterrorism Hospital Preparedness Program

control centers to report data that is suggestive of terrorism to their local and state health departments on a 24-hour-a-day, 7-day-a-week basis.

1. Please list the proposed activities that will occur in FFY 05 under this benchmark.
 - MDPH will continue to expand its electronic laboratory reporting initiative to include additional hospitals.
 - Pilot ELR system currently in place to accept data on eight organisms will be expanded to accept data for all 80+ reportable conditions. ELR will be expanded to accept not only laboratory data, but also Emergency Department surveillance data and other data streams such as laboratory test orders and poison control center call data supporting early detection systems.
 - Provide funding for hospitals to prepare for electronic laboratory reporting to the Department of Public Health via PHIN-MS and HL-7 messages.
 - IT staff at MDPH will continue to assist laboratory and LIS personnel with disk and electronic data submissions to enhance data transfer.
 - Provide funding to implement LOINC and SNOMED coding systems in hospital lab information systems for all conditions reportable to the Department of Public Health under 105 CMR 300.000.
 - MDPH epidemiologists will analyze and report data to hospital participants through the *Active Surveillance Quarterly* (Project newsletter)
 - MDPH will provide an annual forum (*Third Active Surveillance Workshop/Conference*) for infection control practitioners, microbiology senior staff members, and information technologists to learn about surveillance activities and network with colleagues.
 - MDPH epidemiologists will continue to arrange site visits with appropriate hospital and laboratory personnel to enhance active surveillance and electronic laboratory reporting.
 - Continue to coordinate training for HHAN for hospitals, clinical laboratories, poison control centers and other appropriate personnel.
 - MOU will be developed with appropriate MDPH agencies to address many aspects of emergency preparedness, only one of which will be the facilitation of the integration of hospital-based data into state level surveillance systems.
2. Please provide a timeline for completing each proposed activity.
 - ELR will be expanded to accept data for all reportable conditions by October 2005.
 - ELR will be expanded to collect information from multiple data streams by January 2006
 - Site visits and HHAN training will be ongoing with 50% of the targeted trainings completed by January 2006
3. What is the proposed budget amount needed for this benchmark?
 - \$150,000 will be allocated to hospitals to support participation in ELR.

FY 2005 Application – State: Massachusetts

National Bioterrorism Hospital Preparedness Program

HRSA PRIORITY AREA #5: EDUCATION AND PREPAREDNESS TRAINING

Critical Benchmark #5: EDUCATION AND PREPAREDNESS TRAINING

Awardees will utilize competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.

Minimal Level of Readiness

Education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel are competency based.

1. Please list the proposed activities that will occur in FFY 05 under this benchmark.
 - 1) Hospital Cost Sharing - Hospitals may use their hospital allocations to fund up to 50% of the cost to train employees (see CB# 2-1)
 - 2) HEICS, PPE and Decontamination - During the third year of the ISA with the Department of Fire Services Training Academy, the current competency based courses developed in FFY 2003 and FFY 2005 will be conducted:
 - ICS and Personal Protective Equipment and Decontamination (PPE) – All of the ICS and PPE Decontamination training programs have been developed in a standardized manner, allowing for cross training among local and regional hospitals, emergency medical services, other health care facilities, and with public safety partners. The programs promote a standardized response across the Commonwealth and across disciplines to foster regional and multidisciplinary interoperability, communication, cooperation, and coordination of services in any hazardous materials incident, public health emergency, or terrorist event. In the third year of a collaborative project between the MA Department of Public Health and the MA Department of Fire Services, Massachusetts Firefighting Academy, the following training programs will be conducted on an ongoing basis. All programs are presented jointly by fire service, emergency medical service and/or health care instructors:
 - Incident Command System for Health Care Providers Program is a one-day six-hour program, offered 40 times by hospital request, with 20-30 students per class. Personnel from other regional hospitals, community health care, and community public safety partners are encouraged to attend. This program has been revised to be NIMS compliant for the ICS 100 requirement and as this is a pre-existing course, based on the NWCG curriculum, the FEMA ICS 100 test will be offered at course completion, to be forwarded to FEMA, allowing the program to fulfill the NIMS ICS 100 requirement.
 - Hospital Personal Protective Equipment and Decontamination Program is a two-day, twelve-hour program, offered 35 times by hospital request, with 20-24 students per class. This program includes a didactic, practicum, and tabletop component and is offered to all personnel potentially involved in using PPE and providing decontamination to victims/personnel.
 - EMS Hazardous Materials Awareness and Incident Command System Program is a one-day, six-hour program, 50 offerings for fire

FY 2005 Application – State: Massachusetts

National Bioterrorism Hospital Preparedness Program

- service, third service or private service EMS by request, with 20-30 students per class. This program has been revised to be NIMS compliant for the ICS 100 requirement and as this is a preexisting course, based on the NWCG curriculum, the FEMA ICS 100 test will be offered at course completion, to be forwarded to FEMA, allowing the program to fulfill the NIMS ICS 100 requirement.
- On-line EMS Hazardous Materials Awareness and Incident Command System Program is an “on line” web-based course, targeted for fire service, third service and private service EMS providers. This program has been revised to be NIMS compliant for the ICS 100 requirement and as this is a preexisting course, based on the NWCG curriculum, the FEMA ICS 100 test will be offered at course completion, to be forwarded to FEMA, allowing the program to fulfill the NIMS ICS 100 requirement. A joint development team between the Mass. Department of Fire Services/DPH program instructional staff and the Mass. Colleges On-line Development consultants has met four times thus far. The first module (ICS Hazardous Materials) has been converted on-line for review and critique in June. Quiz material is included. A potential structure for the course content has been proposed. The second module – Incident Command – is being submitted. Final conversion is expected by the end of August, 2005, with the first on-line course offering in Sept. 2005.
- EMS Personal Protective Equipment and Decontamination Program is a two day, twelve hour program, 50 offerings for fire service, third service or private service EMS by request with 24-30 students per class. This program offers a didactic, practicum, and tabletop component.
- ICS for Public Health Program is a one day, six hour program, developed in conjunction with MA Department of Public Health, Division of Epidemiology and Immunization, Health Education Unit, in conjunction with the health educators and epidemiologists (their funding contribution utilized CDC BT funds) to be offered six (6) times. The program is targeted toward the MA DPH public health and local board of health community. The program meets ICS for Public Health CDC Core Curriculum for awareness level training and is taught by DPH/DFS instructors in collaboration with DPH Health Educators/Epidemiologists. The program is offered regionally, with 20-40 students per class. This program was revised to be NIMS compliant for the ICS 100 requirement and as this is a preexisting course, based on the NWCG curriculum, the FEMA ICS 100 test is offered at course completion and forwarded to FEMA, allowing the program to fulfill the NIMS ICS 100 requirement.
- ICS for Community Health Centers Program is a one-day, six-hour program, developed in conjunction with the MA League of Community Health Centers and targeted toward the Community Health Center and their health care partners’ audience. The program will be offered regionally six (6) times, with 20-40 students per class. This program was revised to be NIMS compliant for the ICS 100 requirement and as this is a preexisting course, based on the NWCG curriculum, the FEMA ICS 100 test is offered at course completion and forwarded to FEMA, allowing the program to fulfill the NIMS ICS 100 requirement.
- Additional training programs during FFY 2005 include:

FY 2005 Application – State: Massachusetts

National Bioterrorism Hospital Preparedness Program

- Hospital Personal Protective Equipment and Decontamination Refresher is a one-day, six-hour competency based refresher program, designed to review and evaluate key components of the full twelve-hour HPPE program. The program is targeted toward the hospital first responders who have previously completed the full HPPE program. This program will be offered five (5) times in the second half of FFY 2005 grant period, after a train the trainer for instructors is completed.
 - Combination On-Line and On-Site Hospital Personal Protective Equipment and Decontamination Refresher is a combination on-line and on-site program, designed to allow hospitals flexibility in scheduling HPPE Refresher programs for their personnel. This program will present the didactic portion of the HPPE refresher in a web based on-line format, requiring approximately two to three hours to complete. The second portion of the program, including the competency-based practicum will be presented on site at the hospital. The program is targeted toward the hospital first responders who have previously completed the full HPPE program. A quiz following the on-line portion of the program must be successfully completed prior to students completing the practicum. This program will be offered five (5) times in the second half of FFY 2005 grant period, after a train the trainer for instructors is completed.
 - Hospital Personal Protective Equipment and Decontamination Refresher Train the Trainer Program is a two day, twelve hour training program, targeted toward hospital educators who wish to provide their internal facility refresher program. Day One of this program will match Day One of the HPPE Refresher train the trainer program by reviewing the course content, competencies, practicum, tabletop exercises. Day two of the training will review all course materials, course requirements, materials and equipment needed to present the program. Instructors presenting the HPPE Refresher at their facility will issue a joint certificate of course completion to participants, providing all required program requirements are met.
 - Hospital and Fire Department MDU Refresher Train the Trainer programs – a one-day refresher training program for hospital and fire department trainers for the MDU mass decontamination system. This will be offered 7 times over year and will train 150 individuals.
 - Convert existing curricula to on line formats through a contract with Mass Colleges Online
 - The addition of an online module to complement a practical session will shorten the “classroom” hours, decreasing a major barrier to hospital use of the programs, while maintaining the competency based aspect. Online courses will include the on-line EMS hazardous materials awareness/incident command system course and the combination on-line and on-site hospital personal protective equipment and decontamination refresher course.
- 3) ESAR-VHP Mass Colleges Online Orientation
- An online orientation course will be developed to support the ESAR-VHP system using pre-existing curricula (see CB#2-4)
2. Please provide a timeline for completing each proposed activity.
- Competency-based training programs are offered on an on-going basis
 - EMS Hazardous Materials Awareness and Incident Command System Program to be complete by September, 2005
 - PPE/Decon refresher course (combination online and classroom) to be complete by January, 2005

FY 2005 Application – State: Massachusetts National Bioterrorism Hospital Preparedness Program

- | |
|--|
| ➤ ESAR-VHP online orientation course to be complete by April, 2005 |
| ➤ PPE and Decon Train the trainer programs will be complete by March, 2005 |
| ➤ MDU refresher training – March 2006 |
| 3. What is the proposed budget amount needed for this benchmark? |
| ➤ \$568,278 – ISA with the Department of Fire Services; |
| ➤ \$100,000 – Mass Colleges Online. |

HRSA PRIORITY AREA #6: TERRORISM PREPAREDNESS EXERCISES

Critical Benchmark #6: Terrorism Preparedness Exercises

As part of the state or jurisdiction's bioterrorism hospital preparedness plan, functional exercises will be conducted during FY 2005 and should be based on the Awardee HVA. These drills should involve several state agencies and implement the Incident Command Structure (ICS). To the extent possible, members of the public should be invited to participate. These exercises/drills should encompass, if possible, at least one biological agent. The inclusion of scenarios involving radiological and chemical agents as well as explosives may be included as part of the exercises/drills.

Minimal Level of Readiness

Awardees will conduct terrorism preparedness exercises/drills that:

- Contain elements addressing the needs of special populations;
- Emphasize a regional approach; and
- Are coordinated with other state, local and Federal drills and exercises to maximize resources.

1. Please list the proposed activities that will occur in FFY 05 under this benchmark.

- 1) Worcester MCI/MDU/WMD exercise - Conduct one (1) full scale exercise at the “C” level multi-jurisdiction (16), multi hospital (14) activation involving a major city and three surrounding regions. This exercise will involve on-scene decontamination and field triage activities and initiate a full mass decontamination response to 14 area hospitals. The activation resulting will place all Massachusetts hospitals on alert. The exercise is jointly funded with the Department of Homeland Security through the Executive Office of Public Safety and involves a number of federal, state and local public safety and law enforcement agencies in addition to hospitals and EMS.

FY 2005 Application – State: Massachusetts National Bioterrorism Hospital Preparedness Program

- 2) Hospital MDU exercises – all hospitals and associated fire departments are required to conduct joint exercises at least annually of the MDU program under a signed MOA.
- 3) Boston Marathon 2006 - The Marathon is an annual “planned” MCI event that involves over 20,000 “official” runners, 8 communities, 2 EMS services, 14 hospitals, 26 Red Cross stations and three DMAT staffed medical tents. The running of the Marathon results in 800-1500 casualties including many serious orthopedic injuries, cardiovascular and respiratory problems, and severe hyponatremia each year. The Boston race is unusual in that it occurs over 26 miles and crosses multiple public safety jurisdictions, hospital and EMS regions. FFY04 funding supported a successful pilot patient-tracking project. FFY05 funding will augment the capabilities of that project, provide supplemental medical supplies along the course and at the finish line, sponsor a clinical educational seminar and support the coordination and administrative functions of the Marathon Medical Coordinator.
 - The triage and tracking system (see CB# 3) will be used to track runners and other casualties related to the race. As Boston is purchasing triage tags and bar code scanners for their hospital emergency departments through Homeland Security funds, MDPH will place four of the scanners in the hospital ED's along the route outside of Boston, and the other 4 in the DMAT tents along the route.
 - In addition, this year we will add a drill involving the Ambulance Task Force Mobilization Plan.
- 4) Communication Drills: MDPH will conduct to conduct weekly planned and unplanned drills with the hospitals and other EMS and public safety partners using the Nextel System
- 5) Ambulance Task Forces: Participating ambulances will be required to conduct drills under the signed MOA.
- 6) Hospital Bed Data Reporting - MDPH will conduct quarterly unannounced drills on real-time online bed reporting. These drills will be in addition to the daily bed-reporting requirement.
- 7) Surge, Pandemic and/or HVA Related Exercise – at least one exercise involving multi-jurisdictional hospital Pandemic Surge or a multi-jurisdictional HVA scenario will be planned. Additional analyses will be conducted as needed to identify the areas with the predictable highs risk scenarios. Once identified, functional exercises will be developed that bring together the state agencies in these areas.
- 8) Nuclear power plants – Seabrook, Spring 2006
- 9) Laboratory exercises are funded through the hospital allocations (see CB# 2-1)

**FY 2005 Application – State: Massachusetts
National Bioterrorism Hospital Preparedness Program**

10) <u>CHEMPACK orientation program (see CB# 2-5)</u>
2. Please provide a timeline for completing each proposed activity.
<input type="checkbox"/> MDU exercise – September 17, 2005
<input type="checkbox"/> Boston Marathon - April 2006
<input type="checkbox"/> Communications drills – weekly
<input type="checkbox"/> Bed Reporting drills – quarterly
<input type="checkbox"/> Pandemic Surge or HVA – multi-jurisdiction – June 2006
<input type="checkbox"/> Seabrook nuclear power plant – Spring 2006
<input type="checkbox"/> LRN Laboratory Readiness drills – September 2005, February 2006, June 2006
<input type="checkbox"/> Laboratory chemical terrorism exercise program – ongoing
3. What is the proposed budget amount needed for this benchmark?
<input type="checkbox"/> \$98,000 – Worcester MCI/MDU/WMD exercise;
<input type="checkbox"/> \$75,000 – Boston Marathon exercise;
<input type="checkbox"/> \$200,000 – Pandemic Surge or HVA – multi-jurisdictional exercise.